KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

QUALIFIED HEALTH PLANS SUBCOMMITTEE

Meeting Minutes

April 8, 2015

Call to Order and Roll Call
The twelfth meeting of the Qualified Health Plans Subcommittee was held on Wednesday, April 8, 2015, in Conference Room D and E at the Kentucky Office of the Health Benefit and Health Information Exchange. Deborah Moessner, Chair, called the meeting to order at 10:15 a.m., and the Secretary called the roll.

Subcommittee Members Present: Deborah Moessner, Chair (by phone); Julia Costich (by phone), Dr. Joe Ellis (by phone), Carl Felix (by phone), Nancy Galvagni (by phone), Shelly Gast (by phone), Donna Ghobadi (by phone), Dr. Amanda Howell (by phone), John Kirby (by phone), Bob McFalls, Ramona Osborne (by phone), and Joe Smith. Greg Baker, Jill Bell, Ruth Brinkley, Dr. Steve Davis, and Dr. Andrew Slavik were not present at the meeting.

Staff Present: Carrie Banahan, Miriam Fordham, Bill Nold, Melea Rivera, Chandra Venettozzi, D. J. Wasson (DOI), and Maggie Woods (DOI).

Approval of Minutes
A motion was made to accept the minutes of the April 23, 2014, meeting as submitted, seconded, and approved by voice vote.

kynect Update
Carrie Banahan, Executive Director, Kentucky Office of the Health Benefit and Health Information Exchange, updated the members on the Exchange activities. Open Enrollment 2015 was very successful. Over 75,000 individuals were passively enrolled in a Qualified Health Plan (QHP), but individuals were given the option to change plans. The post Open Enrollment metrics show that 27,000 individuals were newly enrolled in QHPs and 55,000 were newly enrolled in Medicaid, primarily through the Medicaid expansion. Currently, there are 110,000 individuals enrolled in QHPs.

Results from a recent Gallup poll have been released. According to the Gallup poll, Kentucky's uninsured rate now stands at 9.8 percent. For Kentucky, this represents the second largest decrease in the country in the uninsured rate. In 2014, those Kentuckians who qualified for assistance in paying for their health insurance received $149 million in payment assistance including tax credits and Cost Sharing Reductions (CSR).

The number of Call Center staff was increased for the 2015 Open Enrollment Period (OEP) to about 375 customer service representatives. The call abandonment rate was less than five percent for the 2015 OEP which was much improved from the 2014 OEP.

Two new issuers will be offering plans on the Exchange and one issuer will be expanding its service area. A system enhancement for the prescreening tool will be implemented this spring. With the system enhancement, the prescreening tool will determine if an individual is eligible for a CSR. And, when the individual goes shopping, a box will appear around the Silver Level Plan to identify that a CSR is available if the Silver Level Plan is selected. This system feature is being added to assist those individuals who are eligible for a CSR but do not access the cost sharing reduction because they do not choose a Silver Level Plan. The CSR can only be applied if a Silver Level Plan is selected. A query of the system showed that there were 6,000 individuals who were eligible for the CSR but were enrolled in a Platinum Level Plan. Letters were sent to 4,800 individuals who were eligible but not enrolled in a Silver Level Plan to offer them the opportunity to enroll in the appropriate plan to access the CSR.

The kynect Retail Store in Fayette Mall was successful with 6,000 visitors to the store and 4,000 applications submitted for coverage. The mobile phone app has also been successful with 8,000 downloads. Release 2.0 of the mobile app will allow individuals to upload documents. A tablet application for 2016 and a phone app for QHP only cases are being developed.

Three new issuers - Aetna, Bluegrass Family Health, and United HealthCare - will be offering plans on the Exchange, and one issuer will be expanding its service area. United HealthCare will offer plans statewide; Bluegrass Family health in 38 counties; and CareSource will expand to 66 counties. With the new issuers and expansion of service areas by current plans, there will be more plans and options available for consumers in counties for the 2016 Plan Year.

CareSource Presentation Regarding Excess Dental Benefits
Representatives from CareSource presented an overview of their organization and their integrated dental plan which includes both pediatric standalone plans and family dental plans. Currently, CareSource offers plans in 16 counties in Kentucky, and offers a combined/integrated dental and vision plan in Ohio and Indiana. CareSource is looking at offering an integrated dental plan on the Kentucky's health benefit exchange beginning Plan Year 2017 focusing on the 139 percent to 250 percent of the Federal Poverty Level (FPL) population.

Allowing Benefits in Excess of the Essential Health Benefits for Qualified Health Plans
Currently, plans on the Exchange only include the essential health benefits (EHB), and the administrative regulation does not allow benefits in excess of the EHBs. If the Exchange allowed benefits in excess of the EHBs, then issuers could possibly offer other benefits in addition to adult dental benefits.

Ms. Banahan noted that upcoming kynect system enhancements would allow the CareSource proposal to be implemented. In May, the kynect system will be enhanced to allow excess APTC to be applied to pediatric dental plans.

After some discussion, a motion was made, seconded, and approved to establish a task force to examine the offering of benefits on the Exchange in excess of the essential health benefits for Plan Year 2017. Members noted that the task force will need to make final recommendations no later than September 1, 2015, in order to allow issuers to finalize offerings for 2017. Optimally, the task force will have recommendations finalized by the July 16 meeting of the kynect Advisory Board.

Other Business
The next meeting of the subcommittee will be scheduled at a later date.

Adjournment
The meeting adjourned at 11:45 a.m.